

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## Personal Information

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.		REFERRED BY

## Employment Desired

POSITION	DATE YOU CAN START		SALARY DESIRED		
ARE YOU EMPLOYED NOW?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN		
EVER WORKED FOR THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN		
REASON FOR LEAVING					
			NAME OF LAST SUPERVISOR AT THIS COMPANY		
HOW DID YOU FIND OUT ABOUT THIS POSITION?					
<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> NEWSPAPER ADVERTISING		<input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER	
<input type="checkbox"/> STATE EMPLOYMENT OFFICE		<input type="checkbox"/> COLLEGE PLACEMENT SERVICE		<input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE	

LAST NAME	FIRST	MIDDLE INITIAL

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE		RANK

**Former Employers** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS	CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING \$ SALARY	WEEKLY FINAL \$ SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS	CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING \$ SALARY	WEEKLY FINAL \$ SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS	CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING \$ SALARY	WEEKLY FINAL \$ SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

**References** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE



## Special Purpose Questions

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING A QUESTION**, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

☐ Height \_\_\_\_ Feet \_\_\_\_ Inches ☐ Weight \_\_\_\_ Lbs. ☒ Are you a U.S. citizen? ☐ Yes ☐ No

Have you been convicted of a ☒ Felony or ☒ Misdemeanor within the last 5 years? ☐ Yes ☐ No. Describe \_\_\_\_\_

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.*

☒ I understand and agree that I may be required to take one or more: ☒ Physical examination; ☒ drug test; ☐ lie detector test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). ☐ Yes ☐ No

☐ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. ☐ Yes ☐ No

☐ Are you able to perform each of the following job functions with or without an accommodation?

JOB FUNCTION #1 \_\_\_\_\_ ☐ Yes ☐ No  
If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

JOB FUNCTION #2 \_\_\_\_\_ ☐ Yes ☐ No  
If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

JOB FUNCTION #3 \_\_\_\_\_ ☐ Yes ☐ No  
If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

☐ Were you ever seriously injured? ☐ Yes ☐ No Give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ What foreign languages do you speak fluently? \_\_\_\_\_  
What foreign languages do you write fluently? \_\_\_\_\_  
What foreign languages do you read fluently? \_\_\_\_\_

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS: The following information in no way affects you as an individual applicant. This information is being gathered for research, validation of selection instruments, and federal reporting requirements only. This form will be removed from the application before processing.

INSTRUCTIONS: First, please circle the correct number in each question below. Then place your numbered answer to each question in the box by the question.

☐

- A. What is your gender?  
1. Male                      2. Female

☐

- B. What is your age?  
1. 21 or less years                      3. 26-35 years                      5. 46-55 years                      7. 65 years and over  
2. 22-25 years                      4. 36-45 years                      6. 56-64 years

☐

- C. What is the highest level of education you have reached?  
1. Finished 0-8 years                      5. College - less than the B.A. or B.S. degree  
2. 9-12 years but am not a high school graduate                      6. B.A. or B.S., or a similar degree  
3. High school graduate or GED from a state department of education                      7. M.A. or similar professional degree  
4. Post high school - vocational or business school training                      8. PhD, JD, LLB or similar professional degree

☐

- D. Are you now employed?  
1. Yes                      2. No

☐

- E. Of which Racial/Ethnic Group do you consider yourself a member?  
1. American Indian \* (including Alaska Native)                      5. Hispanic or Latino\*\*  
2. Black or African American                      6. White  
3. Asian                      7. Two or more races  
4. Native Hawaiian or other Pacific Islander                      8. Other

☐

- F. Do you have a disability? (answer is strictly voluntary)  
1. No                      6. Yes - Diabetes                      11. Yes - Personal problem/social  
2. Yes - Blind                      7. Yes - Paralysis                      12. Yes - Personal problem/mental  
3. Yes - Deaf                      8. Yes - Circulatory                      13. Yes - Personal problem/emotional  
4. Yes - Amputee                      9. Yes - Respiratory                      14. Yes - Other  
5. Yes - Epilepsy                      10. Yes - Neurological

☐

- G. How did you learn about this job?  
1. Employee                      4. Iowa State Employment Service                      7. Radio  
2. Friend                      5. Other employment service                      8. School  
3. Newspaper or Periodical                      6. Television                      9. Walk-in

Position applying for \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

\* American Indian includes any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

\*\* Hispanic or Latino includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race.